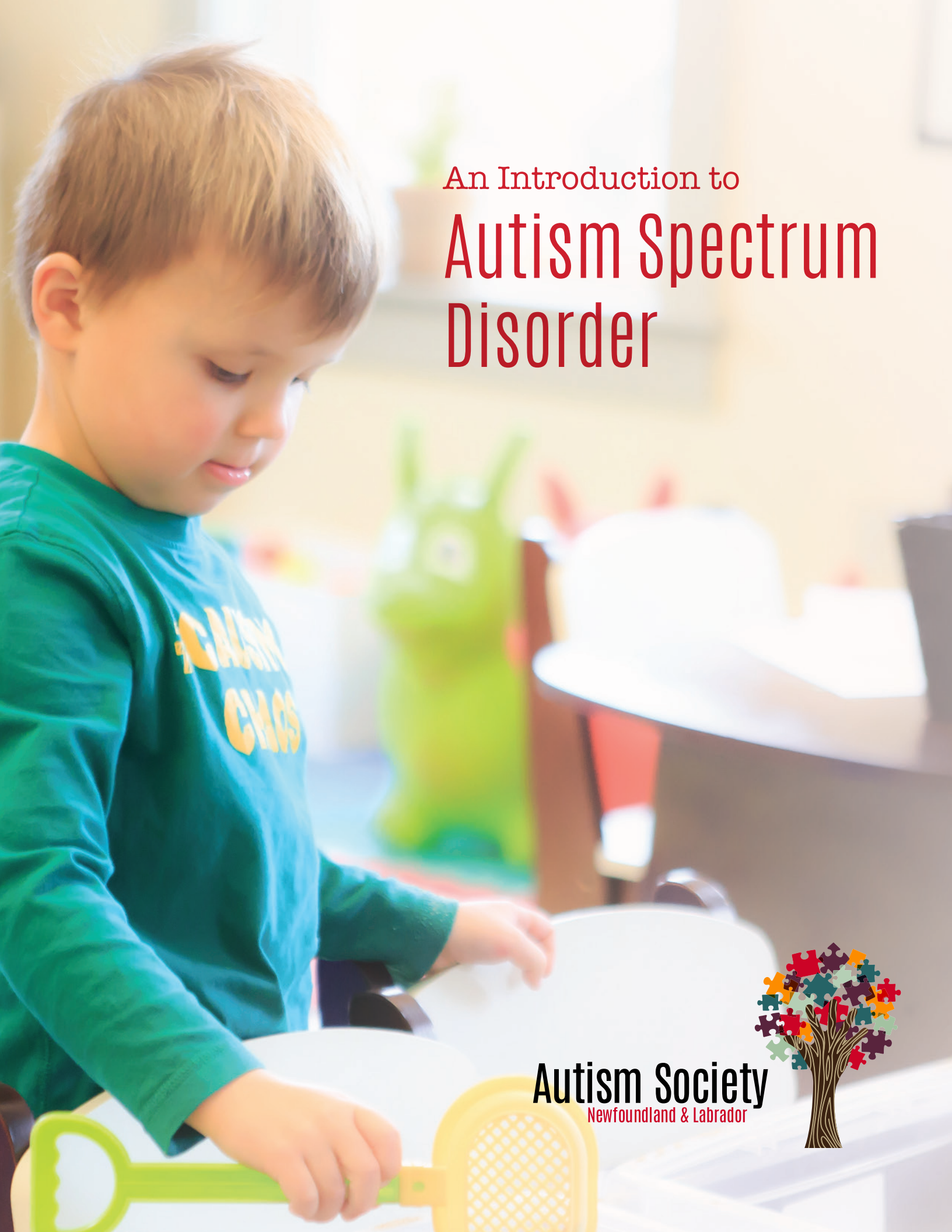

An Introduction to

# Autism Spectrum Disorder

Autism Society
Newfoundland & Labrador

SHOUT
SHARE
IT

# Welcome

You are likely holding this kit because someone you know and love or you yourself have received a diagnosis of Autism Spectrum Disorder. Know that this diagnosis does not change who your loved one is, or who you are — it is the first step in skill development that will help with setting and achieving goals in a life of a person who lives on the autism spectrum. Yes, **there are times that will be challenging, but there will be equally as many times that are rewarding**. This diagnosis means you have a new map to follow in helping you or your loved ones become all that they can and want to achieve—and we're here to help.

**Our hope with this Kit is to provide information that helps set you on your way into your new world that includes autism**.
We encourage anyone who receives this kit to connect with us by phone, e mail or in person at one of our offices with any further questions. We also have a resource rich website that may hold more of the information you are looking for. Let's get started.

# What is Autism?

Autism Spectrum Disorder (ASD) is a lifelong, developmental disability that affects how a person communicates with and relates to other people, and how they experience the world around them. People with autism see, hear and feel the world differently than other people. Individuals do not outgrow their diagnosis, however; many therapies and interventions have a proven ability to improve outcomes.

Autism is a spectrum condition that presents differently in every individual with a diagnosis but there are similar behaviours and characteristics that those on the spectrum may express to varying degrees.

# Strengths & Challenges Associated with ASD

Please note, this section refers to 'children' and 'your child' but the information also refers to adults living on the autism spectrum.

## Challenges

### SOCIAL COMMUNICATION

Individuals with Autism have difficulties interpreting both verbal and non-verbal language, such as gestures and tone of voice. Some individuals have a very literal understanding of language, and think people always mean exactly what they say. Some may have limited speech, repetitive speech (echolalia) or not speak at all but may have fully functioning receptive language. Some people find alternate forms of communication helpful such as sign language, visual symbols or assistive technology. Others have more typical language skills, but struggle to understand expectations in a social context.

Tip

Speaking in a **clear, consistent way** and **using literal language** can be helpful. When speaking to an individual with autism, **give them time** to process what has been said.

## SOCIAL INTERACTION

'Reading' other people can often be difficult for individuals with autism; recognising or understanding other people's intentions and feelings can be challenging. Similarly, it may be difficult for these individuals to express their own emotions. These challenges related to social interaction can make it hard to form and build relationships. Many want to interact with other people and make friends, but may be unsure how to go about it. All of this makes navigating the social world challenging and may mean individuals:

- appear to be insensitive
- seek out time alone when overloaded by other people
- not seek comfort from other people
- appear to behave 'strangely' or in a way thought to be socially inappropriate

## REPETITIVE BEHAVIOUR AND ROUTINES

For individuals with autism, the world can seem a very unpredictable and confusing place. Like all of us, having a daily routine can help us know what to expect out of each day. Some individuals may have specific clothing they prefer to wear, travel the same way, or eat exactly the same thing each day for breakfast. Change can be hard for everyone, especially for people on the autism spectrum; being prepared for change in advance can really help.

## SENSORY SENSITIVITY

Experiencing over or under sensitivity to sounds, touch, tastes, smells, light, colours, temperatures or pain is common for individuals with autism. For example, background noise that some people may not even hear may be unbearably loud or distracting for individuals with autism and maybe even cause severe stress or even physical pain.

# Strengths

ASD is often described in terms of difficulties, deficits and challenges. It is just as important to acknowledge the many strengths and abilities of individuals on the spectrum. Once realized, these can be used to promote development and plan for the future.

### VISUAL PROCESSING AND ATTENTION TO DETAIL

Visual thinking can be a strength for individuals with ASD which is why many are visual learners. Visual information lasts longer and is more concrete than auditory information and using visuals may help a person on the spectrum process information more accurately and efficiently.

An exceptional attention to detail is a common strength for those who are visually-oriented and many individuals on the spectrum have jobs and/or hobbies which utilize this strength.

### RULE-BASED AND LOGICAL THINKING

It is common for individuals on the spectrum to find comfort in rules and predictability which can be an advantage in developing new skills.

Considering the 5 W's (and H) for new or challenging situations can be very helpful: Who, What, When, Where, Why, and How. For example:

- When someone comes to the door, say 'hello'.
- When it's bed time, I brush my teeth.

Presenting rules **visually** can really help. Some people find a 'rule book' using **pictures and words** effective. Rules that use 'first, then' statements can help your child understand social interactions, like how other people are feeling. For example, 'If Sam is laughing, he might be happy'.

These statements also tie in with your child's ability to follow clear **steps and sequences**, so you can use them when you want your child to do something. For example, 'First you put your shoes on, then you can go outside'. Or you can use a simpler version — for example, 'Shoes first, then outside'.

## SPECIAL TOPICS OF INTEREST AND AUTISM SPECTRUM DISORDER

People with ASD can often focus intently and learn a lot about topics they are interested in. Linking goals and intervention programs to these special interests can be very effective.

Here are some ideas for promoting a child's learning and social and communication skills by making the most of their special interests:

- **Share your child's interests by playing alongside them.** This can develop your child's play skills if you comment on what you're both doing, swap toys, take turns and so on.
- **Use your child's interests to expand his numeracy skills.** For example, you could use Thomas the Tank Engine and friends to talk about colours, numbers and size.
- **Build your child's interests into challenging activities.** For example, if having a bath is challenging, you could give your child some special interest toys to play with in the bath, or stick pictures of her special topic around the bath as a talking point.
- **Develop your child's conversational skills by talking to your child about his special interest.** This might give your child extra motivation to communicate and talk with you. Your child might start by giving a speech instead of having a conversation. You could gradually introduce questions, and get your child to ask you questions too.

## ROTE MEMORY SKILLS AND AUTISM SPECTRUM DISORDER

People with ASD are often good at memorizing (rote memory). Many children with ASD can remember large chunks of information, like conversations from movies, words to a song, number plates and so on. You can encourage your child to use rote memory for learning useful information, like your phone number and address, the alphabet and multiplication tables.

# Emotions Following a Diagnosis

Experiencing a range of emotions following a diagnosis of autism is to be expected. Some of these may include:

- Periods of refusing to believe the diagnosis. You don't consciously choose this reaction; it just happens. During this time, you may not be able to hear the facts as they relate to the diagnosis. Don't be critical of yourself for reacting this way. Denial can be a way of coping. It may be what gets you through a particularly difficult period.
- With time, your denial may give way to frustration. Frustration is normal. It is a healthy and expected reaction to feelings of stress that come with this diagnosis.
- A parent whose child receives a diagnosis may find it difficult to reimagine the hopes and dreams they had for their child.
- If negative emotions begin interfering with your ability to cope or you show other symptoms of depression, such as weight loss, social withdrawal, sleep difficulties, low self-esteem or loss of interest in daily activities, consult your family physician.
- Eventually, many loved ones enter a stage of acceptance. Accepting the diagnosis will help you advocate for what your child needs.
- The period following an autism diagnosis can be very challenging. Give yourself time to adjust. Be patient with yourself. It will take some time to understand the impact of the diagnosis on you and your family. Difficult emotions may resurface from time to time.

(Adapted from the Autism Speaks 100 Day Kit)

"Dr. Shea said something to me that I will never forget—'you're leaving here today with the same boy you came in with. This diagnosis doesn't change who he is, or who he is to you.'"

– Jessica Butt, Autism: The Gift That Needs to Be Opened

# Our Parent Support Groups

These groups provide all parents an opportunity to connect regularly with other parents who are raising children on the Autism Spectrum. These groups are open to any parent who has a child with a variety of different challenges and abilities of any age. The foundation of these groups is to provide support, resources and a friendly ear to share similar experiences and provide resources and guidance.

> "Sometimes just being able to compare notes with another person can ease the difficulties that we often feel we are facing alone." – Jessica Butt, Autism: The Gift That Needs to Be Opened

# Our Adult Support Network

This group gives adults with autism an opportunity to meet other adults, to interact and socialize with their peers, as well as discuss topics that are meaningful and important to them.

# Some Tips on Speaking to Your Child About their Diagnosis

## WHEN TO TELL YOUR CHILD

The decision of when to tell a son/daughter about their diagnosis varies from family to family and is truly their choice. Keep in mind the discussion should be appropriate for their age and level of development.

- Some people recommend disclosing the diagnosis to a child as soon as it is received. However, many parents decide to give themselves time to digest the information and familiarize themselves with autism before choosing to speak to their child about it. Often what triggers the timing is if a child begins noticing they are different from their peers and begin asking questions about why that is.

- Before puberty. There are a lot of changes to adjust to during puberty and adolescence which is why it may be best to chat before puberty. Waiting until "they are older" can make it more difficult for both of you. If your child was diagnosed as a teen, telling them sooner rather than later may provide the information they need to make sense of everyday experiences and social interactions that can be challenging for all teens.

## HOW TO TELL YOUR CHILD

- Familiarity can be helpful, using the words Autism Spectrum Disorder in regular conversation in the days and weeks leading up to the time you tell your child is one strategy.

- Help your child see that every person has strengths and challenges. Help them develop perspective about their strengths and challenges—that they are not the only one who has challenges—or strengths.

- Provide some basic information about autism and include that there are many other children just like them.

- Don't make the whole conversation about autism. It is important that they understand the diagnosis is just a part of who they are, not all that they are. Some interests and strengths they have may have nothing to do with autism.

- Your child may need to hear the information multiple times as part of their way of processing the information.

- Do not try to explain everything you know about ASD to your child all at once.

- Speak and write in a reassuring and calm manner. Keep it straightforward, simple, and clear.

- If you don't know the answer to a question, say so. Look for the answer together.

- Self-advocacy. Knowledge is a precursor to helping your child learn to advocate for themselves as they grow. They must understand their strengths and challenges—and what can help. Help them learn when and how to ask for help, and whom to turn to when they need assistance. Educating key people in their life is also a necessity. For some individuals on the spectrum, educating others about autism, with the altruistic purpose of contributing to the betterment of society in general, has become a source of pride and accomplishment.

### Possible Helpful Activity

With your child's help write the name of each family/friends on separate sheets of paper. Divide the paper in half with a line—one side for strengths, the other for challenges. Define strengths as talents (good skills)—activities that might feel natural, easy, and probably enjoyable. Define challenges as activities that need more practice or more time to accomplish—things that may feel difficult or uninteresting. After making these lists of strengths and challenges for each person, write your child's name at the top of another sheet of paper.

On your child's paper follow the same procedure. Write 'ASD' next to characteristics that may relate to his/her diagnosis. Explain that one of the reasons they have some of his strengths (e.g., great memory, excellent speller) is that he has ASD. Then add the same diagnostic term to the list of his challenges. Explain that his challenges (e.g., handwriting, making friends) are because ASD affects other parts of life considered to be potential difficulties. Here you can also refer him to the lists of challenges that were made for other people. Make it clear they are not alone; everyone has challenges as well as strengths.

# Glossary of Terms

**BEHAVIOURAL MANAGEMENT SPECIALISTS (BMS)** develop and oversee the delivery of home- and community-based intervention and prevention programs. They provide advice/direction and support families, caregivers, and community organizations in meeting the needs of individuals who exhibit challenging behavior. They administer standardized developmental assessments; conduct comprehensive behavioral assessments based on learning theory; design individualized behavioral and skill teaching programs; provide group training events for caregivers and home support staff; train and assist families and caregivers in the implementation of individualized programs; prepare client reports.

**BIOMEDICAL** refers to a set of applied sciences applying portions of natural science or formal science, or both, to develop knowledge, interventions, or technology that may be of use in providing for an individual's healthcare needs.

**CHILD MANAGEMENT SPECIALISTS (CMS)** develop and oversee the delivery of home-based early intervention and prevention programs, including the Intensive Applied Behavioural Analysis (ABA) Home Therapy Program. They provide advice/direction and support for families, caregivers, and community organizations in meeting the needs of children with developmental challenges. They administer standardized developmental assessments; conduct comprehensive behavioural assessments based on learning theory; design individualized behavioural and skill teaching programs; provide group and individual training events for caregivers and support staff; train families and caregivers in the implementation of individualized programs; prepare client reports. They work closely with other relevant professionals in the social, health, and education fields and are partners with community agencies in promoting optimal development and community inclusion for individuals with developmental and behavioural challenges.

**DEVELOPMENTAL MILESTONES** are markers or guideposts that enable parents and professionals to monitor a baby's learning, behavior, and development. Developmental milestones consist of skills or behaviors that most children can do by a certain age. While each child develops differently, some differences may indicate a slight delay and others may be a red flag or warning sign for greater concern.

**DEVELOPMENTAL PAEDIATRICIAN** is an expert in the health and development of children, particularly those with developmental disorders. Paediatricians are often involved in the initial diagnosis of autism and offer follow-up support in some cases.

**DIETICIAN** provides advice and information on nutrition and diet. Your GP or paediatrician can make a referral to a dietician. You may wish to see a dietician before introducing any dietary intervention (such as the gluten- and casein-free diet).

**DIAGNOSTIC AND STATISTICAL MANUAL OF MENTAL DISORDERS (DSM-IV-TR®)**, Fourth Edition, Text Revision, is a handbook used widely by medical professionals in diagnosing and categorizing mental and developmental disorders. It is published by the American Psychiatric Association and lists the criteria, or characteristics, of many disorders.

**ECHOLALIA** is the repetition of words, phrases, intonation, or sounds of the speech of others. Children with ASD often display echolalia in the process of learning to talk. Immediate echolalia is the exact repetition of someone else's speech, immediately or soon after the child hears it. Delayed echolalia may occur several minutes, hours, days, or even weeks or years after the original speech was heard. Echolalia is sometimes referred to as "movie talk" because the child can remember and repeat chunks of speech like repeating a movie script. Echolalia was once thought to be non-functional, but is now understood to often serve a communicative or regulatory purpose for the child.

**EDUCATIONAL PSYCHOLOGISTS** carry out psychological assessments including learning profiles and needs, usually in educational settings. They offer consultation, advice and support to teachers, parents and to the children, young people and adults concerned. They may also offer a follow-up service. They are usually employed by local education authorities.

**EMOTIONAL REGULATION** is a child's ability to notice and respond to internal and external sensory input, and then adjust his emotions and behavior to the demands of his surroundings. Emotional regulation includes the body's involuntary reactions (heart rate, respiratory rate, etc.) to events or perceptions, as well as voluntary responses. Voluntary responses may be behaviors that the child does to soothe, or excite himself, such as spinning the wheel of a toy car, rubbing a smooth surface, rocking, or hand flapping. This may also include the use of communication to get help modulating emotion, such as reaching to request comfort

when afraid. Many children with ASD have difficulties with emotional regulation and often have abnormal or inappropriate responses to the ordinary demands of their surroundings. They may also have problems adjusting to change, and transitioning from one activity to another, responding with strong negative emotions, tantrums, stereotyped, or even self-injurious behaviors.

**FUNCTIONAL PLAY** is when a child uses objects for their appropriate or usual purpose, like rolling a toy car or ball, stirring with a spoon, or brushing a doll's hair with a brush.

GP (General Practitioner) or family doctor can make referrals to relevant professionals for you. Although responsible for the general health of their patients, GPs do not usually offer specialist advice or treatment.

**HYPERRESPONSIVENESS** is abnormal sensitivity or over reactivity to sensory input. This is the state of feeling overwhelmed by what most people would consider common or ordinary stimuli of sound, sight, taste, touch, or smell. Many children with ASD are over reactive to ordinary sensory input and may exhibit sensory defensiveness which involves a strong negative response to their overload, such as screaming at the sound of a telephone. Tactile defensiveness is a specific sensory defensiveness that is a strong negative response to touch.

**HYPORESPONSIVENESS** is abnormal insensitivity or under reactivity to sensory input, in which the brain fails to register incoming stimuli appropriately so the child does not respond to the sensory stimulation. A child who appears as if deaf, but whose hearing has tested as normal, is under reactive. A child who is under reactive to sensory input may have a high tolerance to pain, may be sensory-seeking, craving sensations, and may act aggressively, or clumsily.

**INDIVIDUAL SUPPORT SERVICES PLANNING PROCESS (ISSP)** is a program planning team that may be initiated for a student with one or more exceptionalities. Parent/guardian involvement is a critical component of the program planning process. As such, parents/guardians are part of the program planning team along with professionals from the school 'and outside the school'.

**INDIVIDUALIZED EDUCATIONAL PLAN (IEP OR ISSP)** is the individualized learning plan for a student with exceptionalities; it is drafted and signed by the IEP or ISSP team and includes the parent signature of knowledge approval. It is not amended or edited without the knowledge and involvement of the parent.

**INSTRUCTIONAL RESOURCE TEACHERS (IRT)** provide information to the classroom/subject teacher regarding exceptionalities and the program planning process, and provide direct support to students, in the regular classroom setting or in separate, small-group sessions.

**JOINT ATTENTION** occurs when children seek to share attention with others spontaneously during the first year of life. Joint or shared attention is first accomplished by the caregiver looking at what the infant is looking at. Infants learn early to seek joint attention spontaneously by shifting gaze between an object of interest and another person and back to the object (also called 3-point gaze), following the gaze or point of others, and using gestures to draw others' attention to objects (e.g. holding out and showing an object or pointing to an object), either by pointing to it or by eye gaze. This desire to share attention on objects builds to sharing enjoyment by looking at others while smiling when enjoying an activity, drawing others attention to things that are interesting, and checking to see if others notice an achievement (e.g., after building a tower of blocks, looking up and clapping and smiling to share the achievement). Ultimately, children learn to talk and use language to share enjoyment, interests, and achievements and later to share ideas and experiences. Impairment in joint attention is a core deficit of ASD.

**NATUROPATHY** is a form of treatment that employs a wide array of "natural" modalities, including homeopathy and herbalism, as well as diet and lifestyle counseling.

**OCCUPATIONAL THERAPISTS** are often concerned with the difficulties people have in carrying out everyday activities. They can help with therapeutic techniques, identifying sensory sensitivities, adaptations to the environment, and specialist equipment. They may work for the Health Authorities or privately.

**PERSEVERATION** refers to repeating or "getting stuck" carrying out a behavior (e.g., putting in and taking out a puzzle piece) when it is no longer appropriate.

**PERSEVERATIVE SPEECH** refers to repeating the same phrase or word over and over or bringing up the same topic repeatedly with a sense of "getting stuck" when it is no longer appropriate. Children with ASD who learn to talk usually have repetitive use of language.

**PRAGMATICS** are social rules for using functional spoken language in a meaningful context or conversation. Challenges in pragmatics are a common feature of spoken language difficulties in children with ASD.

**PROSODY** is the rhythm and melody of spoken language expressed through rate, pitch, stress, inflection, or intonation. Children with ASD can range from having no functional language (do not use words conventionally for communication) to having very proficient vocabulary and sentence structure. Usually, those who talk have odd intonation (flat, monotonous, stiff, or "sing songy" without emphasis on the important words), and those who do not yet talk make unusual sounds.

**RECEPTIVE LANGUAGE** is the ability to understand or comprehend words and sentences that others use. Typically by 12 months a child begins to understand words and will respond to his/her name and may be able to respond to familiar words in context. By 18 to 20 months a child will be able to identify familiar people by looking when named (e.g., Where's mommy?), give familiar objects when named (e.g., Where's the ball?), and point to a few body parts (e.g., Where's your nose? Where's your mouth?). Receptive language skills commonly emerge a little ahead of expressive language skills, but it is easy to overestimate what a child understands. Often young children figure out the message by responding to nonverbal cues (e.g., pointing gestures, or situational cues), and this may make it appear like they understand the words.

**SELF-INJURIOUS BEHAVIOR**. About 10% to 15% of individuals with ASD engage in some form of self-injurious behavior (SIB), causing self-inflicted bodily harm, such as bruises, redness, or cuts. The most common forms of SIB include head banging, hitting the face, biting the hand or arm, and excessive scratching or rubbing. SIB can range from mild to severe, and can potentially be life threatening. A child who engages in SIB may be seeking attention, feeling overwhelmed and frustrated, seeking self-stimulation, or may be hypersensitive to certain sounds. SIB may be biologically or neurologically based.

**SENIOR THERAPIST (ABA ONLY)**: Regional CMS staff that are assigned to deliver the Intensive Applied Behavioural Analysis Program are known as senior therapists. These staff receive considerable training in applied behavioural analysis (skill teaching and principles of behaviour modification) and autism spectrum disorder. A senior therapist provides direct home-based training to families and home therapists, who will implement the individualized intensive skill teaching and behavioural programming.

**SERVICE DELIVERY TEAM (SCHOOL)**. Each school is required to have a service delivery team. This team meets regularly to review and direct special education services in the school. The team should not be so large that it is ineffective as a problem solving group. It is comprised of: administrator, guidance counsellor, representative classroom/subject teacher(s) for primary, elementary, intermediate, and secondary based on school configuration (large intermediate and high schools may choose representatives from subject area specialties), instructional resource teacher(s), educational psychologist and other itinerant teachers as required

**SOCIAL RECIPROCITY** is the back-and-forth flow of social interaction. The term reciprocity refers to how the behavior of one person influences and is influenced by the behavior of another person and vice versa. Social reciprocity is the dance of social interaction and involves partners working together on a common goal of successful interaction. Adjustments are made by both partners until success is achieved. The skills involved in social reciprocity in very young children begin with showing interest in interacting with others and exchanging smiles. This builds to being able to share conventional meanings with words, and later topics, in conversation. Impairment in social reciprocity may be seen in not taking an active role in social games, preferring solitary activities, or using a person's hand as a tool or a person as if they are mechanical objects. This may lead to not noticing another person's distress or lack of interest in the focus or topic of conversation.

**SOCIAL WORKER AND CARE MANAGERS** are involved in assessing the care needs of people with autism and their families. They are also involved in arranging services to meet those needs.

**SPEECH AND LANGUAGE PATHOLOGIST (SLP)** assess speech, language and communication abilities. An SLP can carry out therapy to assist with specific difficulties, and may also be involved in teaching classroom teachers strategies to help improve student speech.

**STUDENT ASSISTANT (SA)** assists students with specific disabilities who require direct adult Supervision/intervention to access appropriate educational programs and attend classroom instruction (i.e. toileting, portering, behaviour management, etc.). S/he actively supports and facilitates student independence and participation in the educational program.

**SYMBOLIC PLAY** is where children pretend to do things and to be something or someone else. This kind of play typically develops between the ages of 2 and 3 years.

# Book list

## For New Diagnosis

***An Early Start for Your Child with Autism*** by Sally J. Rogers, PhD, Geraldine Dawson, PhD and Laurie A. Vismara, PhD

***Play and Imagination in Children with Autism*** by Pamela J. Wolfberg

***What I Wish I'd Known about Raising a Child with Autism: A Mom and a Psychologist Offer Heartfelt Guidance for the First Five Years*** by Bobbi Sheahan & Kathy DeOrnellas

***The Autism Discussion Page on the core challenges of autism: a toolbox for helping children with autism feel safe, accepted, and competent*** by Bill Nason

***The Autism Revolution*** by Dr. Martha Herbert

***Different Not Less*** by Temple Grandin

## Communication

***Teach Me Language*** by Sabrina Freeman and Lorelei Drake

***More Than Words*** by Fern Sussman

***Talk Ability*** by The Hanen Program

***It Takes two To Talk*** by Jan Pepper, and Elaine Weitzman

***Carly's Voice: Breaking Through Autism*** by Carley Fleischmann

## Diet

***Eating For Autism: 10 Step Nutrition Plan to Help Treat Your Child's Autism, Aspergers, or ADHD*** by Elizabeth Strickland

***Diet Intervention and Autism*** by Marilyn Le Breton

***ASD the Complete Autism Spectrum Disorder Health and Diet Guide*** by Smith, Hanna, and Sengmueller

## Behaviour and Self-Regulation

***The Incredible 5-point Scale: assisting students in understanding social interactions and controlling their emotional responses*** by Kari Dunn Burton & Mitzi Curtis

***The Zones of Regulation: a Curriculum Designed to Foster Self-regulation and Emotional Control*** by Leah Kuypers

## Sensory and Self-Regulation

***The Out Of Sync Child*** by Carol Kranowitz

***The Out Of Sync Child has Fun*** by Carol Kranowitz

***Building Bridges Through Sensory Integration*** by Yack, Aquilla, and Sutton

***Pathways to play!: combining sensory integration and integrated play groups: theme-based activities for children with autism spectrum and other sensory-processing disorders*** by Glenda Fuge & Rebecca Berry

***Sensational Kids: Hope and Help for Children with Sensory Processing Disorder (SPD)*** by Lucy Jane Miller

***Temple Talks about Autism and Sensory Issues: The World's Leading Expert on Autism Shares Her Advice and Experiences*** by Temple Grandin

## Social

***The New Social Story Book*** by Carol Gray

***The Autism Social Skills Picture Book: Teaching Communication, Play and Emotion*** by Jed Baker

***Building social relationships a systematic approach to teaching social interaction skills to children and adolescents with autism disorders and other social difficulties*** by Scott Bellini

## Anxiety

***The Anxiety Cure for Kids: A Guide for Parents*** by Elizabeth DuPont Spencer, Robert DuPont & Caroline DuPont

***What to Do When You Worry Too Much: A Kid's Guide to Overcoming Anxiety*** by Dawn Huebner

## From Parents and Self-Advocates

***The Way I See It: A Personal Look at Autism & Aspergers*** by Temple Grandin

***Parent to parent: Information and Inspiration for Parents Dealing with Autism and Aspergers Syndrome*** by Ann Boushey

***How To Talk to an Autistic Kid*** by Daniel Stefanski

***Freaks, Geeks, and Asperger's*** by Luke Jackson

## Books for Siblings

***Autism and Me: Sibling Stories*** by Ouisie Shapiro

***All about My Brother: An Eight-Year-Old Sister's Introduction to Her Brother Who Has Autism*** by Sarah Peralta

***My Brother Charlie*** by Ryan Peete & Holly Peete

## Books for Children

***Since We're Friends: An Autism Picture Book*** by Celeste Shally

***The Invisible Boy*** by Trudy Ludwig

***My Friend Has Autism*** by Amanda Doering Tourville

***In My Mind: The World Through the Eyes of Autism*** by Adonya Wong

***I See Things Differently: A First Look at Autism*** by Pat Thomas

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